

**New Jersey Department of Health and Senior Services
Consumer and Environmental Health Services
P. O. Box 369
Trenton, NJ 08625-0369**

STATE USE ONLY

**INITIAL APPLICATION FOR LICENSE TO OPERATE
A FOOD-COSMETIC ESTABLISHMENT
(N.J.S.A. 24:15-14)**

Annual Gross Wholesale Business (*check applicable box*)

Annual Fee

- | | |
|--|----------|
| <input type="checkbox"/> Less than \$100,000.00 | \$100.00 |
| <input type="checkbox"/> Excess of \$100,000.00, but not in excess of \$500,000.00 | \$300.00 |
| <input type="checkbox"/> In excess of \$500,000.00 | \$500.00 |

MAKE CHECK OR MONEY ORDER
PAYABLE TO:
"NEW JERSEY DEPARTMENT OF
HEALTH AND SENIOR SERVICES"

Complete all information. Mail original copy with your fee to the above address. Retain a copy for your records.

Check/Money Order No.		Date of Check/Money Order		Amount		Date of Application	
IDENTIFICATION							
Name of Owner or Corp.				Establishment Location			
Trade Name				City		State	Zip Code
Mailing Address				Telephone No.		County Registered	
City		State	Zip Code	If Incorporated, Name of State		Federal ID/Social Security No.	
FOOD <input type="checkbox"/> Manufacturer <input type="checkbox"/> Repacker <input type="checkbox"/> Wholesale Distributer <input type="checkbox"/> Other <input type="checkbox"/> Warehouse				COSMETICS <input type="checkbox"/> Manufacturer <input type="checkbox"/> Repacker <input type="checkbox"/> Wholesale Distributer <input type="checkbox"/> Other <input type="checkbox"/> Warehouse			
NAMES AND ADDRESSES OF OFFICERS							
President (Full Name)		Address		City		State	Zip Code
Vice-President (Full Name)		Address		City		State	Zip Code
Secretary (Full Name)		Address		City		State	Zip Code
Treasurer (Full Name)		Address		City		State	Zip Code
New Jersey Registered Agent (If Applicable)		Address		City		State	Zip Code
AFFIDAVIT							
State of _____ County of _____ I, _____, being duly sworn according to law upon his(her) oath deposes and says that he(she) is (President, Vice President, Secretary, Treasurer, Owner) and hereby certifies that the information given in this application is true and complete to the best of his(her) knowledge, information and belief. Sworn and Subscribed before me this _____ day _____ of _____, in the year _____. <div style="display: flex; justify-content: space-between;"> <div> _____ <i>Notary Public Signature</i> </div> <div> _____ <i>Signature and Title of Applicant</i> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>_____</div> <div>_____</div> </div>							